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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

14 SEP 30 PM 4:01

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: glehner9124@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
GALE LEHNER, PA

Certificate of Status	0
Certified Copy	0
Page Count	02
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14 SEP 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: GALE LEHNER, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7179 ARCADIA BAY COURT
DELRAY BEACH, FL 33446

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: REAL ESTATE

14 SEP 30 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GALE LEHNER
Address: 7179 ARCADIA BAY COURT
DELRAY BEACH, FL 33446

Name and Title:
Address:

Name and Title: ALLEN LEHNER
Address: 7179 ARCADIA BAY COURT
DELRAY BEACH, FL 33446

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE V ***REGISTERED AGENT***

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GALE LEHNER

Address: 7179 ARCADIA BAY COURT

DELRAY BEACH, FL 33446

ARTICLE VI ***INCORPORATOR***

The name and address of the Incorporator is:

Name: GALE LEHNER

Address: 7179 ARCADIA BAY COURT

DELRAY BEACH, FL 33446

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gale Lehner 9/29/14

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gale Lehner 9/29/14

Required Signature/Incorporator Date

14 SEP 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA